



# A Physician's Guide to Collaborative Practice Management

MANAGING CRNP/CNM PROTOCOL UTILIZATION AND QA FOR  
PRACTICE EXPANSION OR LIMITATION

# Objectives

## Collaborative Practice Protocol/Agreement Management

**At the completion of this presentation, the participant will be able to demonstrate the following:**

- ▶ Understand that the Standard Protocol is an active, living document that can be updated as often as necessary to meet the demands of the CP.
- ▶ Understand how to utilize CP Standard Protocols and QA monitoring to drive collaborative practice oversight within specific practice settings.

# Collaborative Practice (CP) Protocols

- ▶ The CP APRN protocols are developed through the Joint Committee for Collaborative Practice and approved by the Alabama Board of Nursing and the Alabama Board of Medical Examiners.
- ▶ The CP APRN protocols are designed to assist the MD and CP APRN in understanding which duties, functions, or skills are allowed within the practice setting.
- ▶ The protocols bring clarity to what the MD approves within his/her CP with the CP APRN.
- ▶ The protocols are designed for use as the CP agreement; addenda may be attached to the standard protocol at the practice site and on file with the ABN.

# CP Advanced Practice Protocols

## Historically

- ▶ Advanced Practice Protocols were designed for use by the physician and APRN to either expand or limit approved skills, based on the practice site, practice setting, physician preference, and the experience or skill level of the APRN in collaborative practice.

## Standard Protocol Specific

- ▶ Each standard protocol is specific to the APRN's certification, educational training program, and patient population.
- ▶ The ABN and BME, in conjunction with the Joint Committee, have developed 11 standard protocols.  
<https://www.abn.alabama.gov/advanced-practice-nursing/#tab-crnp>

# Specialty/Limited CP Protocols

## Specialty Protocols

- ▶ There are 5 Specialty protocols; these offer the APRN advanced procedures/skills to perform with the collaborating physician's agreement and approval.
- ▶ Critical Care
- ▶ Critical Care Advanced
- ▶ Neonatal
- ▶ Orthopaedic
- ▶ Otolaryngology

## Limited Protocols

- ▶ There currently is one approved limited protocol, which is limited to a specific practice setting and provides for restrictions and/or expansions, based on that practice model.
  - Comprehensive Physical Exam

# Protocol Management to Expand or Contract Standard Protocols

## Examples

- ▶ <https://www.abn.alabama.gov/wp-content/uploads/2018/08/Adult-Acute-Care-Certified-Registered-Nurse-Practitioner-Standard-Protocol-Fillable.pdf>
- ▶ The Acute Care Standard Protocol includes core duties and scope of practice notes on page one.
- ▶ Page two begins the approved skills section, which allows the MD to determine which skills will be allowed within the collaborative practice.

## Approved Skills Excerpt

**Approved Standard Protocol Skills**

Standard Skill and Formulary Protocols (* Indicates RN Practice)	Physician Initials indicate Skill and Formulary Protocols Allowed at Practice Site		Education and Competency Validation ✓ or Date = Previous Validation N/A = Not Applicable		
	Permitted (Yes)	Not Allowed (NO)	Basic NP Education	Previous Validation	Instruction to be Scheduled
Abscess - Incision, Drainage and care of					
Administering local anesthetic agents					
Arterial Lines, Insertion of Radial					
Audiometry / Audiogram, Interpretation of					

# Physician Management

The skills or procedures allowed are based on what the physician approves for the CP.

## Limitations

- ▶ If the APRN is a novice (less than two years of experience), the physician may limit the skills allowed and/or add other limitations to the agreement as an attachment. This can be done by selecting the “Not Allowed” box on the protocol.

**Not Allowed  
(NO)**

## Expansions

- ▶ If the APRN has greater than two years of experience or service in a collaborative practice, the physician can expand the skills allowed, by selecting the “Permitted” box on the protocol.

**Permitted  
(Yes)**

# Physician/Practice Management of the Protocols in Collaborative Practice

## Examples to Limit

- ▶ New Employee: Orientation/Training (limit skill sets) and add addenda to agreement.
- ▶ Experienced APRN, but collaboration with a new physician: Restrict during competency validation period.
- ▶ QA monitoring demonstrates a need for closer supervision: Simply update the protocol and ABN record on file.

## Examples to Expand

- ▶ Orientation is complete: Simply complete a new protocol and update the ABN record.
- ▶ Update ABN Protocol record and expand, when competency validation is complete.
- ▶ Likewise, QA monitoring indicates stellar practice and the physician wants to expand the skills or duties allowed.

# Chart Review vs. QA Monitoring in Collaborative Practice

## Chart Review

- ▶ Review of charts is a clinical decision between practitioners
- ▶ Signature of the physician on the notes is not required by ABN or ABME; may be facility policy
- ▶ Chart review does not constitute QA review

## Quality Assurance (QA)

- ▶ Review of meaningful sample of charts against selected criteria with documentation using patient identifier
- ▶ Data can be pulled by anyone with understanding of the criteria, i.e. coding/billing staff, clinic manager, etc.
- ▶ Quarterly meeting to review QA data required and keep summary of findings on file with the practice.

# Quality Outcome Measures

## Examples

- ▶ BMI Assessment
- ▶ Immunizations
- ▶ Smoking Cessation
- ▶ Controlling HTN
- ▶ Diabetes Care
- ▶ Acute Hospital Utilization
- ▶ Antibiotic Utilization
- ▶ Antidepressant Medication Mgmt

## Resources

- ▶ National Committee for Quality Assurance (NCQA)
  - ▶ <https://www.ncqa.org/hedis/measures/>
- ▶ CMS Measures Inventory Tool
  - ▶ [https://cmit.cms.gov/CMIT\\_public/ListMeasures](https://cmit.cms.gov/CMIT_public/ListMeasures)
- ▶ College Clinical Guidelines, i.e. ACOG, American College of Physicians, etc

# Standard Protocol Agreement Review

- ▶ Designed to be expanded or limited, based on practice needs, physician oversight, and QA monitoring findings.
- ▶ Can be used by medical credentialing staff to meet competency and educational training by the MD within the CP setting.
- ▶ Clarifies exactly what skill level the MD approves or allows within the collaborative practice setting.
- ▶ Requires signatures of both the MD and CP APRN, to ensure that there is no misunderstanding of CP agreed upon skills or procedures.
- ▶ Consider updating the Standard Protocol agreement annually, to ensure that it accurately reflects the CP.

# Standard Protocol Agreement Documentation

## Standard Protocol Agreements

- ▶ The signatures of the CP APRN and MD designate the Standard Protocol Agreement for this collaborative practice and define the skills and standard and specialty legend drugs the collaborative physician has approved for the collaboration with this CRNP/CNM.

## Signature Requirements

We hereby certify under penalty of law of the State of Alabama that the foregoing information in this Standard Protocol is correct to the best of our knowledge and belief. We understand that we are jointly and individually responsible for complying with the rules and regulations pertaining to CRNPs/CNMs and the collaborative practice of CRNPs with physicians.

\_\_\_\_\_  
Print Collaborating Physician's Name


\_\_\_\_\_  
Signature of Collaborating Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



Please visit the ABN website  
for access to Standard  
Protocols and CP APRN  
resources.

<https://www.abn.alabama.gov/advanced-practice-nursing/#tab-crnp>